ALABAMA BOARD FOR REGISTERED INTERIOR DESIGNERS

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APPLICATION FOR REACTIVATION FROM INACTIVE STATUS

INSTRUCTIONS:

• A non-refundable fee of \$250.00, made payable to Alabama Board for Registered Interior Designers, shall accompany this application. Inactive status must be in force for a period of not less than six months before reactivation may be requested. Please type or print clearly.

SECTION I: PERSONAL INFORMATION NOTE: The Code of Alabama 1975, sec. 30-3-194 "Alabama Child Support Act of 1997" requires all applicants to provide social security number.						
First Name Middle Last Name:			Social Security Number:			
RESIDENCE	Mailing Address:	Preferred	Mailing Address: ☐ Residence ☐ Business			
	City State Zip:					
	Phone Number:	E-Mail Addre	I Address:			
	Business Name:	Position or 1	Position or Title:			
BUSINESS	Mailing Address:					
	City:	State:		Zip Code:		
<u> </u>	Phone Number:	Fax Number	r:			
SECTION II: OTHER						
Have you been charged, arrested, convicted, found guilty or pleaded "nolo contender" to any criminal offense since your last active date (excluding traffic violations)? If "yes" submit details.				☐ Yes	□ No	
Have you been investigated, charged, or disciplined since the filing of your last active date? If "yes" submit details			☐ Yes	□ No		
Are you currently under investigation by a governing or licensing board OR by a state or federal agency? If "yes" submit details.			☐ Yes	□ No		
SECTION III: CITIZENSHIP						
Are you a citizen of the United States of America, or are you legally present.				☐ Yes	□ No	
SECTION IV: Please read completely and sign below.						
I hereby apply for reactivation of registration in the State of Alabama as an Registered Interior Designer. ☐ I certify and affirm that I have read and understand the <i>Alabama Interior Design Registration Act of 2010</i> . ☐ I acknowledge and affirm that I have not used the title "Registered Interior Designer" nor the appellation RID, and I have not advertised as a Registered Interior Designer while on inactive status. ☐ I certify and affirm that the information given in this application is true and accurate.						
Signature: Date:						

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